

MINUTES OF THE
SYMPOSIUM ON MEDICAL SUBJECT HEADINGS

December 12 - 13, 1947

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Washington, D. C.

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I. ATTENDANCE

A. Participating Members

Adams, Mr. Scott	-	Acting The Librarian, Army Medical Library, presiding
Brodman, Miss Estelle	-	College of Physicians & Surgeons Library
Coffyn, Mrs. Eleanor M.	-	Army Medical Library
Cunningham, Mrs. Eileen	-	Pres., Medical Library Association
Doe, Miss Janet	-	New York Academy of Medicine
Freyder, Miss Magdalene	-	American Med. Assn, QCIM
Haykin, Mr. David J.	-	Library of Congress
Kaan, Dr. Helen W.	-	National Research Council
Kuch, Miss Mildred	-	Army Medical Library
Larkey, Dr. Sanford V.	-	Welch Medical Library
MacDonald, Miss M. Ruth	-	Army Medical Library
McNinch, Colonel J. H.	-	Director, Army Medical Library
Mayer, Dr. Claudius F.	-	Army Medical Library
Mayer, Mrs. Sarah G.	-	Library of Congress
Schindler, Miss Margaret	-	Department of Agriculture Library
Strieby, Mrs. Irene M.	-	Special Libraries Association
Taube, Dr. Mortimer	-	Library of Congress
Wellman, Mr. Murrell C.	-	American Dental Association
Wright, Mr. Wyllis E.	-	Williams College Library

B. Observers

Ballard, Mr. D. L.	-	National Research Council
Beitzell, Miss Mary L.	-	Social Security Administration
Blake, Miss Mildred	-	Army Medical Library
Colby, Mr. Charles	-	Army Medical Library
Cramer, Miss Dorothy M.	-	National Institute of Health
Dunn, Dr. Thelma B.	-	National Cancer Institute
Entrikin, Miss Isabelle	-	Army Medical Library
Field, Miss Helen G.	-	Army Medical Library
Filippi, Dr. Michael J.	-	National Research Council

Griffin, Miss Ruth	-	National Naval Medical Center
Grinnell, Miss Mary E.	-	Army Medical Library
Gull, Mr. Dake	-	Library of Congress
Heck, Miss Clara T.	-	Army Medical Library
Hedges, Miss Elizabeth	-	Army Medical Library
Jones, Miss M. Irene	-	Army Medical Library
Koch, Mr. Michael S.	-	Army Medical Library
La Montagne, Mr. Leo E.	-	Library of Congress
Leikind, Mr. Morris C.	-	Library of Congress
McLaughlin, Miss Mabel	-	Veterans Administration
Malterud, Miss Katherine	-	Army Medical Library
Manson, Miss Clara	-	College of Physicians of Philadelphia
Miller, Mr. Edward	-	Army Medical Library
Roberts, Miss Alice B.	-	Army Medical Library
Rodier, Miss Ruth E.	-	National Naval Medical Center
Schlossberg, Miss Sara A.	-	Army Medical Library
Smith, Dr. Paul K.	-	George Washington Medical School
Wilson, Mrs. Creola	-	Army Medical Library
Wilson, Mrs. Meriam M.	-	Veterans Administration

II. INTRODUCTION

A. After preliminary words of welcome to the members by Mr. Adams and Colonel J. H. McNinch, M. C., Director of the Army Medical Library, the members introduced themselves, making brief statements of their interest in the subject of medical subject headings.

B. The two basic objectives of the Symposium were implied in the following questions:

1. What principles may be found for developing subject heading terminology in the medical sciences?
2. What are the recognizable differences in principles to be applied to the subject heading of monographic and periodical literature?

C. Dr. Sanford V. Larkey, Librarian of the Welch Medical Library, Johns Hopkins University, opened the formal business of the Symposium with his paper: INTRODUCTION TO THE PROBLEMS OF MEDICAL SUBJECT HEADING.*

* This and succeeding papers were requested for publication in the BULLETIN of the Medical Library Association.

Among five specific problems suggested by Dr. Larkey, the following aroused comment:

1. Alphabetical vs. alphabetical classed arrangement in catalogs. Mr. Haykin stated that a certain amount of "classification" is present in all catalogs. Mr. Wright regretted the phrase "alphabetical-classed", preferring "indirect" for this approach to the specific heading, and "direct" for the purely alphabetical. Mr. Haykin compared alphabetical catalogs with the classed catalog, saying that he thought further experimentation with the classed catalog should be encouraged.
 2. Dr. Taube urged a reduction in cross-references, arguing that they were proportionate to the amount of sub-division, a point which Mr. Haykin disputed, stating that they were in inverse ratio to the size of the catalog. Dr. Mayer suggested that in medicine, physicians may be expected to refer from one subject to another without the assistance of an elaborate system of cross-references. Mrs. Cunningham expressed the gratitude of students for the indications supplied by cross-references, stating that they served also as a guide to the policies followed in various indexes.
 3. New headings. Dr. Mayer pointed out the dangers of developing new headings on an a priori basis; they must be derived from the literature. Mr. Haykin remarked on the amount of basic agreement in subject heading lists available.
- D. The introductory morning session adjourned for lunch in the General and Flag Officers' Dining Room, The Pentagon Building.

III. SECOND SESSION

- A. Mr. David J. Haykin, Chief, Subject Catalog Division, Library of Congress, opened the afternoon session with his paper entitled "LET'S GET DOWN TO FUNDAMENTALS." Miss Janet Doe, Assistant Librarian, The New York Academy of Medicine, followed with "A CRITICAL REVIEW OF EXISTING MEDICAL SUBJECT HEADING LISTS."
- B. During the recess before discussion, Colonel McNinch led a group through the Medical Statistics Division, Office of the Surgeon General, where IBM punch card machinery was in operation. Possible application of punch card controls for medical bibliography was suggested.

- C. Discussion of the two papers centered around the growth of medical literature, and the necessity for subject heading techniques to accommodate themselves to this growth. Dr. Mayer pointed out the difference between the physician's approach and that of the librarian. Published authority lists, he believed, were aids for librarians not familiar with medical terminology. Medical dictionaries, for example, follow nomenclature adopted in indexes; to depend on dictionaries for assistance in selecting new terminology is unrealistic. Mrs. Cunningham insisted that a subject heading list was an aid to consistency.
- D. Following discussion on the characteristics of a disease which justify an independent heading as opposed to a sub-division of another subject, Dr. Mayer pointed out some of the specific problems facing a general, retrospective list, such as the Index-Catalogue. One such problem, that of defining a disease in contemporary or modern terms, led to a discussion by Miss Doe, Mr. Wright and Mr. Haykin, recommending the use of modern terminology, with adequate cross-references for the sake of continuity. Dr. Mayer's position was that the Index-Catalogue must use both the contemporary and the modern terminology.

IV. THIRD SESSION

- A. Opening the meeting on December 13th, Dr. Claudius F. Mayer, Chief, Index-Catalogue Division, Army Medical Library, discussed from notes the subject of "NEW TERMINOLOGY AND THE INDEX-CATALOGUE." Miss Estelle Brodman, Acting Librarian, College of Physicians and Surgeons, Columbia University, followed with a paper entitled "PRACTICAL OR SERVICE ASPECTS OF MEDICAL SUBJECT HEADINGS."
- B. Mr. Haykin, opening the discussion, introduced a draft statement of principles to be used in the selection of subject headings (see Appendix A attached). This statement was discussed point by point, with reference made to the papers presented, and points brought out in previous discussion.
- C. The following points of the statement produced discussion:
 - la. Older terms. Dr. Mayer favored using both old and new terms, with a general statement as to the chronological limits.
 - lb. Revision. Dr. Taube was concerned with the expense of revision in a dictionary catalog as compared to a classed catalog. The point was made that the core of terminology is stable, that changes are principally around the periphery of medicine.

2. Direct headings. The distinction between specific and direct headings was made: a direct heading being a specific concept, arrived at directly (i.e., not through a classification system). Mr. Haykin used the example: HEN for the direct, and BIRD, DOMESTIC--HEN for the indirect.
 3. Sub-divisions. Miss Doe asked for standardization of sub-divisions. Dr. Mayer suggested the use of chronological sub-division.
 4. Inverted headings. Dr. Taube urged the abolition of inverted headings as a device, Mr. Haykin defending the use of inversion when the inverted form represented merely a qualification.
- D. As amended, the Principles were adopted (See Appendix B attached).
- E. Dr. Larkey introduced a resolution reading: "Resolved, that this group, realizing the necessity of a tentative standard list of medical subject headings for the cataloging of books, recommends that steps be taken to study the problem, using the Library of Congress Subject Heading List as a possible basis." No formal action was taken on the resolution, Mr. Adams doubting whether at this time the Army Medical Library could undertake a special project to this end. It was the sense of the Symposium, however, that the Army Medical Library work closely with the Medical Library Association and the Library of Congress in exploring the possibility of a modern list of subject headings for medical books.

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Attachments

Appendix A - Principles to be Used in the Selection of
Subject Headings - as presented by Mr. Haykin.

Appendix B - Principles to be Used in the Selection of
Subject Headings - as adopted by the Symposium

PRINCIPLES TO BE USED IN THE SELECTION OF

SUBJECT HEADINGS

(As presented at Symposium on Medical Subject Headings by Mr. Haykin)

1. Terms used must be those normally used by English-speaking medical practitioners and scholars.
 - a. Where different terms have been in use for the same concept over a period of years, the current form should be used, care being taken to use older form if the concept represented by older terms is not identical with that represented by the modern one.
 - b. Subject headings must be continuously revised in accordance with established change of terminology.
2. As a general principle, a direct heading is to be preferred.
3. A heading should be definite and not ambiguous; it should not imply any concept not intended.
4. Sub-divisions used under subjects will in general fall into the following groups:
 - a. Literary form (bibliography, periodicals, etc.).
 - b. Geographical sub-divisions.
 - c. General subjects which have little meaning or value by themselves, but must be subordinated to more specific subjects (e.g., etiology).
5. In general, a localized condition is made sub-ordinate to the region of the body (Ear - Abscess); whereas the localized evidence of a general disease is subordinate to the disease.
6. Inverted headings should be used only when the inverted form represents a minor variety of the main heading.
7. "See" references should be made to an adopted term from any synonyms of that term. From a specific subject which has such a small literature that the entries are placed under a more general heading, a "See Under" reference should be made. "See Also" references are made from general subjects to the specific subjects which are logically subordinated to those general ideas. "See Also" references are also used to connect related or coordinate subjects. In the later case, references will be made in both directions.

8. These principles are recommended for monographic literature in both card catalogs and printed catalogs and indexes. Recognizing the necessity of more minute sub-divisions for the larger volume and more limited concepts contained in periodical literature, further development of sub-headings, according to the principles enunciated, is necessary.

PRINCIPLES TO BE USED IN THE SELECTION OF

SUBJECT HEADINGS

(As adopted by the Symposium on Medical Subject Headings, Dec. 13, 1947)

1. Terms used must be those in general usage by English-speaking medical practitioners and scholars.
 - a. Where different terms have been in use for the same concept over a period of years, the current form should be used, care being taken to use older form if the concept represented by older terms is not identical with that represented by the modern one.
 - b. Subject headings must be continuously revised in accordance with established changes in terminology.
 - c. A heading should be definite and unambiguous in meaning; it should not imply any concept not intended, nor should it have its meaning arbitrarily defined and circumscribed.
2. As a general principle, a specific heading is to be preferred to one more comprehensive than the subject matter covered, and a direct approach to the specific concept is to be preferred to an indirect (alphabetical-classed) approach.
3. Sub-divisions used under subjects will in general fall into the following groups:
 - a. Literary form (bibliography, periodicals, etc.).
 - b. Geographical sub-division.
 - c. General aspects of subjects which have little meaning or value by themselves, but must be subordinated to more specific subjects (e.g., etiology).
4. In general, a localized diseased condition is made subordinate to the region of the body (Ear - Abscess); whereas the localized evidence of a general disease is subordinate to the disease.
5. As a general principle, inverted headings should be avoided, although it is recognized that they may be necessary to group minor varieties of a main heading.

6. "See" references should be made to an adopted term from any synonyms of that term. From a specific subject which has such a small literature that the entries are placed under a more general heading, a "See Under" reference should be made. "See Also" references are made from general subjects to the specific subjects which are logically subordinated to those general ideas. "See Also" references are also used to connect related or coordinate subjects. In the latter case, references will be made in both directions. "See Also" references should be avoided between headings for subjects which are not intrinsically related.
7. These principles are recommended for monographic literature in both card catalogs and printed catalogs and indexes. Recognizing the need of more minute division for the larger volume and more limited concepts contained in periodical literature, further development of headings and sub-headings, according to the principles enunciated, is necessary.
